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**CLAIMS AS FILED - PART I**

(Column 1)		(Column 2)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
TYPE	PAID PREVIOUSLY	PAID PREVIOUSLY	PAID PREVIOUSLY	RATE	FEE	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))									
TOTAL CLAIMS (37 CFR 1.16(c))									
INDEPENDENT CLAIMS (37 CFR 1.16(b))									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									
TOTAL						TOTAL			

**CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
<b>AMENDMENT A</b>												
Total (37 CFR 1.16(c))	23	23										
Independent (37 CFR 1.16(b))	2	3										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))												
<b>AMENDMENT B</b>												
Total (37 CFR 1.16(c))	8	23										
Independent (37 CFR 1.16(b))	1	3										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))												
<b>AMENDMENT C</b>												
Total (37 CFR 1.16(c))												
Independent (37 CFR 1.16(b))												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))												

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  
 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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CLAIMS AS FILED - PART I

(Column 1)		(Column 2)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
TYPE	PAID PREVIOUSLY	PAID PREVIOUSLY		RATE	FEE			RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$				\$
TOTAL CLAIMS (37 CFR 1.16(c))									
INDEPENDENT CLAIMS (37 CFR 1.16(d))		minus 20 :		x \$				x \$	
		minus 3 :		x \$				x \$	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									
TOTAL								TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA			RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
AMENDMENT A 6-7-04	Total (37 CFR 1.16(c))	22	Minus	22	=			x \$				x \$	
	Independent (37 CFR 1.16(d))	2	Minus	3	=			x \$				x \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$			+ \$	
TOTAL ADD'L FEE								TOTAL ADD'L FEE				TOTAL ADD'L FEE	
AMENDMENT B 6-28-04	Total (37 CFR 1.16(c))	22	Minus	22	=			x \$				x \$	
	Independent (37 CFR 1.16(d))	2	Minus	3	=			x \$				x \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$			+ \$	
TOTAL ADD'L FEE								TOTAL ADD'L FEE				TOTAL ADD'L FEE	
AMENDMENT C 7-29-04	Total (37 CFR 1.16(c))	22	Minus	25	=			x \$				x \$	
	Independent (37 CFR 1.16(d))	2	Minus	3	=			x \$				x \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$			+ \$	
TOTAL ADD'L FEE								TOTAL ADD'L FEE				TOTAL ADD'L FEE	

11/14/11

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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